

A Request to Obtain the Cost to Purchase Military Service Credit

Informational Section:

- An eligible member may purchase a minimum of 6 months, at a time, up to a maximum of 3 years of service credit for military service previous to the date when the member became employed in an New Hampshire Retirement System (NHRS) covered position.
- Military service purchased under this section, RSA 100-A:4,VI, shall not be counted towards eligibility for service retirement or retiree medical benefits.
- Members who terminated NHRS covered employment to enter directly into military service should contact the Prior Service Credit Specialist to determine eligibility to purchase such military service.

The service may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer from a Section 403(b) or 457 plan and other post tax dollars

Eligibility Requirements:

1. You're an active member of the NHRS.
2. You have earned at least 10 years of creditable service (out of state credit is not counted).
3. You pay the cost and receive approval of the Board of Trustees.
4. You provide a copy of Form DD 214 or comparable certification of your military service.

PLEASE NOTE: IF YOU ARE PURCHASING THIS MILITARY SERVICE CREDIT WITH A TRUSTEE TO TRUSTEE TRANSFER FROM A SECTION 403(b) or 457(b) GOVERNMENTAL DEFERRED COMPENSATION PLAN, THE REQUIRED NHRS FORMS AND FURTHER INSTRUCTIONS WILL BE PROVIDED WITH THE COST CALCULATION. YOU NEED TO CONTACT YOUR 403(b) or 457(b) PLAN CUSTODIAN DIRECTLY TO OBTAIN FORMS WHICH THEY MAY REQUIRE TO DISBURSE FUNDS TO THE NHRS.

PART I – MEMBER INFORMATION:

Name: _____ SS#: _____ - _____ - _____ Current Employer: _____
Home address: _____ Work Phone: _____

PART II – MEMBER'S CERTIFICATION

Under penalty of perjury, I certify that:

1. I am not currently in receipt of military retirement benefits, and,
2. I was honorably discharged or honorably separated from military service or in active status in the New Hampshire National Guard or Reserve.

Signature

Date

PART III – CURRENT EMPLOYER CERTIFICATION

Employer Name: _____ Employer Phone#: _____

Address: _____ Email Address: _____

Current annual base rate of pay for member identified in Part I: \$ _____.

I, _____, certify the information provided in Part III
Name & Title (Please Print)
on this form is, to the best of my knowledge, accurate and complete.

Authorized Signature

Date